



**Commonwealth of Massachusetts  
Group Insurance Commission**

## THIRD PARTY ADDRESS REQUEST

Common requests of this nature are for a divorce/separated spouse, a dependent under age 19 who does not reside with the insured, and for a dependent age 19-26 who lives outside of the service area.

Name of Insured Employee/Retiree: \_\_\_\_\_

Insured Employee/Retiree GIC ID #: \_\_\_\_\_  
(usually Social Security #)

Name of person requesting Third Party Address: \_\_\_\_\_

Relationship to Insured Employee/Retiree: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Please forward all information relative to my GIC benefits to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are making this request on behalf of a dependent under age 19, please indicate the name of the dependent(s) here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize my GIC health plan to send all Explanation of Benefits and any payments to the address indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### Form Submission

MAIL: Return completed form to the GIC.  
Group Insurance Commission  
PO Box 556, Randolph, MA 02368.